

## GROUP NOTE

Name of Group: \_\_\_\_\_

Date: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Group members present (First name and last initial only): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Topics discussed:

Individual Resident Participation Notes:

**Level of communication:**

- ☐ Actively involved
- ☐ Moderately involved
- ☐ Slightly involved
- ☐ Not involved

**Cognitive functioning:**

- ☐ Completely alert
- ☐ Somewhat alert
- ☐ Somewhat distracted
- ☐ Completely distracted

**Affective functioning:**

- ☐ Eager
- ☐ Calm
- ☐ Withdrawn
- ☐ Anxious
- ☐ Depressed

**Physical appearance:**

- ☐ Neatly dressed
- ☐ Adequately dressed
- ☐ Unkempt

**Satisfaction with session:**

- ☐ Very pleased
- ☐ Pleased
- ☐ Indifferent
- ☐ Displeased
- ☐ Very displeased

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Formatted By: FAMILY SHELTER MODEL RECORD TEAM

Sponsored by the Department of Public Health, Bureau of Substance Abuse Services  
Facilitated by The Quality Improvement Collaborative